Eliminating Tobacco Related Health Disparities Through Strategic Planning and Community Engagement: A Case Study

Executive Summary

CONTEXT

Research shows that tobacco use among some population groups is significantly higher than in the general population. At the same time these groups often have less access to healthcare and other resources. This results in a disproportionate occurrence of tobacco-related death and disease. Tobacco-related health disparities are influenced by many factors, including the socio-economic status, geographic location, race and ethnicity, gender, sexual orientation or disability of a population. The history, cultural beliefs, and country of origin of many racial and ethnic communities, as well as lack of access to healthcare, can also affect tobacco-use rates. In addition, tobacco companies use political, marketing, and charitable–giving strategies to create long-term loyalty and demand for their products in these populations. Health disparities must be addressed through both system-driven and community-driven approaches.

System-driven approaches are planned, implemented, and evaluated by agencies and organizations to reach a wide variety of audiences. Community-driven strategies are developed and implemented by specific populations to meet the unique historical, cultural, and other needs of their members.

Reducing tobacco use in high-risk groups is one of the four central goals of the Tobacco Prevention and Control Plan for Washington State (1999). Achieving the goal requires the Washington Tobacco Prevention and Control Program to identify and eliminate tobacco-related health disparities. In 2001, the program received a $100,000 grant from the federal Centers for Disease Control and Prevention to develop short-and long-term strategies to reach this important goal.

The Tobacco Prevention and Control Program (TPCP) of the State Department of Health (DOH) convened the Cross Cultural Workgroup on Tobacco (CCWT) in May 2001. This was a critical part of DOH's efforts to build an effective community-centered strategic plan for the elimination of tobacco related disparities in the state of Washington. The goal of the CCWT was to identify innovative ways of eliminating tobacco use and exposure in high-risk populations. The CCWT remained in existence until the Fall of 2004 in its efforts to help TPCP create the *Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities in Washington State.*

With the completion of the Strategic Plan, the state Tobacco Program has now established a tobacco disparities advisory (TDAC) structure to guide implementation of the strategic plan. The development of the membership of the TDAC is based upon the lessons learned from the CCWT process. Members have been recruited through widespread publicity of the intent of the TDAC, an open application process, a transparent selection process according to established and understood criteria. This structure will help the DOH sustain ongoing communication and collaboration with culturally diverse communities, program contractors, and experts working to eliminate health disparities.

DESCRIPTION OF THE PROCESS

Membership

The CCWT members included organizations from ethnically diverse populations, existing Tobacco Program contractors and others working to address health disparities. The TPCP Project Manager networked in communities to identify organizations/leaders who were skilled in working on statewide issues and willing to work cross culturally. An attempt was made to recruit 2-3 organizations per community to ensure support and differing perspectives. Once members were recruited, they were asked to assist in additional recruitment of members. Groups and individuals that were initially involved in the process were:

Seattle Lesbian Cancer Project

Northwest Policy Institute (GLBT)
Northwest Portland Area Indian Health Board
Seattle Indian Health Board
Confederated Tribes of the Colville Reservation
Commission on African American Affairs
Center for Multicultural Health (African American organization)
African American Health Network
Tacoma-Pierce County Health Department –Tobacco Prevention and Control Program
Northwest Parish Nurses
Snohomish County Health District (pregnant women/cessation task force)
Washington Asian/Pacific Islander Families Against Substance Abuse (WAPIFASA)
My Service Mind (Asian Pacific Islander organization)
Korean Women's Association
KNDA Radio (Hispanic CBO)

During the project, several of these organizations transitioned out of the CCWT. However there was a sufficiently strong core that continued participating until the conclusion of the planning process.

Planning Process

Step 1 – A process evaluator was contracted from the University of Washington, School of Public Health and Community Medicine to conduct ongoing evaluation for the of the project.

Step 2 - Data gathering and review: As part of the first steps the TPCP Epidemiologist gathered existing state and national data and presented it to the Workgroup for review.

Step 3- Community Assessments (Capacity Assessment and Environmental Scan: DOH contracted with members of the workgroup from 6 communities to conduct community assessments and summarize findings. Members from the African American, American Indian/Alaska Native, Asian American/Pacific Islander (AAPI), Latino, sexual minority, and rural communities used key informant interviews to conduct SWOT (Strengths Weaknesses, Opportunities, Threats) assessments of their communities. The goal was too

better understand existing tobacco prevention efforts in these communities, and community structures and systems that might support future efforts. Assessments also identified potential barriers that might interfere with tobacco prevention and cessation efforts in each community.

Step 4 - Contracting agencies presented community assessment findings and identified 6-8 critical issues for their communities.

Step 5 - Workgroup members were then instructed to answer the question: *What are the six most critical issues that must be addressed to eliminate tobacco-related health disparities across Washington State?* The CCWT members identified six critical issues that would need to be addressed to eliminate tobacco-related heath disparities:

1. Lack of sustained funding to address health disparities
   Historically, programs in these communities were funded for short periods of time, which made it difficult for them to be fully effective in achieving sustainable change.
2. Lack of tobacco prevention or cessation outreach and access to resources
   Communities needed funds to build their knowledge, skills, and infrastructure so they could increase community outreach and improve access to resources
3. Tobacco is a low priority
   In the face of other critical issues, such as employment, housing, and acute health conditions, reducing the impact of tobacco is not well understood or a priority for these communities. There is a need to develop community leadership and engagement related to tobacco issues.
4. Elimination of institutional racism/economic disparity
   Policies, procedures and practices of government and other institutions often create or reinforce health and other disparities and discriminate against certain population groups. There is a need for the tobacco program to assess the way it does its work to attempt to eliminate these disparities.
5. Lack of focused resources
   To be effective in reducing tobacco use and eliminating secondhand smoke exposure, it is critical to develop and implement culturally sensitive materials and support culturally appropriate practices.
6. Tobacco Company targeting
   Tobacco companies are very aggressive in their targeting of underserved and culturally diverse communities. Tobacco companies market heavily to these populations and provide significant financial support to leadership organizations in these communities. Reducing the influence of the tobacco industry in these communities is key to eliminating tobacco-related health disparities.

Step 6 - The CCWT developed three-to-five year goals, broad strategies, two-year measurable objectives and first year activities to address each of the six critical issues during a three-to five-year period. The recommended goals established the structure for the *Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities in Washington State***.** This plan is a comprehensive framework to guide statewide efforts to improve the health of high-risk populations. The plan identified strategies needed to prevent and reduce tobacco use and secondhand smoke exposure among these groups. The plan described both system and community driven approaches for eliminating tobacco-related health disparities.

The first year activities were integrated into the TPCP annual workplan for SFY 2004. Tobacco program staff were asked to review the list of first year activities and implement them through various components of the program (cessation, public awareness, secondhand smoke, etc). The first priority was to fund contracts with community-based organizations (CBO's) in five underserved and over-targeted communities, and to market the strategic plan internally and externally.

Developing and Finalizing Recommendations

For each step in the process, a similar process was used to ensure committee members were properly educated on the available information and aware of the preferred outcomes for each discussion:

- CCWT members or TPCP staff or contractors presented available information and data, and encouraged members to ask questions. The Project Manager presented the TPCP's suggestions or initial thinking on a topic and any limitations or restrictions that the program must abide by (TPCP's *reality)* for member consideration.
- CCWT members discussed the issue as a group or in small groups and drafted recommendations before the end of each meeting. Draft recommendations were written into the minutes and distributed to members prior to each meeting. The next meeting, the members reviewed and discussed their draft

recommendations, and made modifications before finalizing recommendations to TPCP.

Throughout the process, the Project Manager served as a consultant to the planning process. He did not advocate for a point of view during group deliberations. However, once the CCWT finalized its recommendations for the strategic plan, the Project Manager reviewed the CCWT plan and requested and negotiated modifications with the CCWT members before the plan submitted to Centers for Disease Control and Prevention (CDC).

Resolution of Specific Challenges

1. Differences of opinions did arise among CCWT members and TPCP staff regarding issues presented. Most commonly these occurred due to miscommunication or misunderstandings. However, moderate inter- and intra-community conflict also resulted from the competition for resources, and personal and/or community histories and agendas. When this happened, participants were encouraged to bring the issues to the table in a reasonable manner. Occasionally, differences had to be resolved outside of the meeting via personal calls or face-to-face visits with the member by the facilitator and/or project manager. During times of conflict, it was critical for the TPCP project manager and CCWT facilitator stay focused on the goals of the CCWT and listen carefully to the "community voice." This prevented them from responding defensively and offered chances to better understand community concerns and fears.
2. There were disagreements within some communities over which organization would receive funding to coordinate the community assessment. DOH established a defensible process and gave full autonomy to the communities requiring them to make their own decisions on this issue.

FINDINGS

Community Assessment

TPCP provided $5,000 to organizations in six communities (African American, Asian Pacific Islander, Latino/Hispanic, rural, sexual minorities, Urban Indians) to assess existing attitudes**,** knowledge, capacity and leadership as well as the strengths, weaknesses, opportunities, and threats (SWOT) that could help or hinder the implementation of tobacco prevention and control activities in each community. Some of the common findings were:

- Lack of community knowledge regarding the effects of second hand smoke and long term health risks both for tobacco users and their families.
- Lack of community knowledge about nicotine addiction.
- The best form of outreach in racial/ethnic communities is through word of mouth. Trust is a major issue.
- Stories are an effective way of reaching people rather than statistics or studies. Strategies should highlight examples of people affected by smoking in each own community, including people who are afflicted with lung cancer due to smoking or exposure to secondhand smoke or who have died from this disease. These stories will have the greatest impact in the community.
- Communities lack an understanding of ways the media and tobacco companies are targeting them subliminally, i.e., using ethnic models in ads, advertising/sponsoring their community events, giving free promotional items and gifts.
- Communities perceive that the tobacco Quit Line does not work for racial/ethnic populations because of lack of trust in government or mainstream organizations.
- Each population is made up of diverse subgroups. Thus generalizing approaches is ineffective. Messages created and distributed by community members through community channels are the most effective.
- Messages need to be culturally appropriate, age appropriate and translated into their own language. Mainstream materials do not always work because of different barriers, such as educational level, language, and culture. Each community should be able to create their own messages with appropriate

models/talents. Different media have different levels of efficacy in each age group and also in each community.

- All populations prefer to work with people and organizations they know and trust will work with people they trust and they are willing to develop collaborations and coalitions within their communities.

- Each community wants to be involved in planning (strategic and programmatic) for their own communities.

- Most minority communities do not conform to the mainstream concept of timelines/deadlines.

- Some of the communities have had bad experiences as subjects of research. Many researchers have come into these communities to gather information, but have never returned to share the results with members of the community. This has lead to a mistrust of government agencies, researchers and other institutions.

- In most communities, faith based and/or community based organizations are established infrastructures that can assist with outreach and educational strategies.

- Families play an important role in most of these communities and children's health is a key issue.

CHARACTERISTICS OF THE CCWT

Strengths

- The diversity of perspective, knowledge, ideas among CCWT members;
- The dedication of CCWT members to eliminate health disparities;
- TPCP' commitment to *do right* by the communities;
- The TPCP Program Manager maintained transparency (open and honest approach) and was available to engage in conflict resolution or provide greater clarity or additional information;
- DOH valued and invested in community members and process;
- Several key CCWT members were willing to assist members with limited experience and/or fewer resources.

Threats

The CCWT faced many challenges. These resulted from a number of factors including:

- The diversity of opinions, which brought conflicting agendas, perspective, and opinions;
- Past histories with government agencies;
- Interpersonal and intercommunity differences sometimes got in the way of consensus building in the group;
- Working for the *common good* was sometimes submerged by a perception of *greater need* by individual communities;
- Mistrust of the DOH's data collection methodology raised doubts of the validity of data, and concerns that this data was being used by the state to set priorities;
- Limited organizational capacity (staff time) prevented small community-based organizations from attending all meetings;
- Impatience with the time and process required to develop the strategic plan before communities received funds.

Opportunities

Convening community members to create a viable and well informed strategic plan provided a series of opportunities to:

- Eliminate tobacco-related health disparities;
- Identify means and methods to address tobacco-related disparities in identified population groups;
- Build a national model for eliminating health disparities through community engagement and public-private collaboration;
- Create process for shared decision making and priority setting between a government agency and community-based organizations in diverse communities.
- Build a successful model for community process which fosters cross cultural collaboration, support and understanding;
- Create an opportunity for increased credibility of DOH
- Build lasting partnerships for health;

- Establish a process whereby communities can bring their voices and needs to the table (through encouraging self directed community assessments and individual participation) and it will be valued by government staff;
- Help build infrastructure and community capacity;
- Strengthen the science base on tobacco-related disparities in the State;
- Promote cultural competence, diversity, and inclusivity;
- Utilize and disperse state tobacco funds equitably;
- Eliminate tobacco use and save lives.

LESSONS LEARNED

Community

Community members learned the importance of:

- searching and finding allies within government and other funding agencies;
- agreeing to a common language and set of assumptions and expectations with government agencies at the beginning of any project, then continually checking for understanding;
- understanding the inner workings and "realities" (limitations) of government agencies and the decision-making process, including non-negotiables;
- flexibility when working with diverse partners with differing needs and agendas.

Agency

The Tobacco Program learned the importance of:

- allowing plenty of time and resources to build trust and educate committee members;
- getting the *right people* to the table and understanding that they are the link to their community, not its representatives;
- hiring a facilitator with experience working with culturally diverse communities and who reflects the committee's membership;
- seeking ways to remove barriers to committee member participation (provide stipends and flexible meeting schedules);

- creating opportunities for the community to be involved at all levels of the process;
- creating and fostering open and honest communication (transparency);
- agreeing to and remaining focused common outcomes/purposes despite differing needs and opinions;
- seeking support from agency management and keeping them informed and engaged
- repeated, clear and consistent communication and messages using a variety of methods;
- listening carefully and regularly checking for understanding;
- fostering, supporting, valuing and trusting community leadership;
- acknowledging the historical of distrust of the government and the impact this has on public-private partnerships;
- sustaining agency direction and messages once they have been established. Changes in either or both can harm the credibility of advisory group members who not only serve, but also are members of their communities;
- trusting and valuing community knowledge and experiences;
- taking into account history, culture, geography and daily context of each community when planning activities and strategies.

Common

Everyone involved in the process learned the importance of:

- taking time to openly identify and address differences between agency and community needs;
- listening carefully and being flexible;
- developing a common vision for the project, then negotiate differences;
- developing common outcomes and processes;
- allowing significant time to develop and sustain trust and ensure that communication and expectations are clearly understood.

- respecting the fragile nature of trust. It is earned and must be continually nurtured.

Sources:

1. Cross Cultural Work Group Meeting Minutes, 2001 – 2004.
2. Cross Cultural Health Care Program; *Process Summary of the of the Department of Health Cross Cultural Workgroup on Tobacco*, September 2002.
3. CCHCP evaluation report describing the community process to develop a strategic and marketing plan for disparate populations, 2003.
4. Community Assessment Reports, July 2002
5. CDC National Conference, Boston, 2003
6. Washington State Department Health, Tobacco Prevention and Control Program, *Strategic Plan for Identifying and Eliminating Tobacco-related Health Disparities in Washington State*: Overview, March 2004